



HAITIANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS

President George W. Bush's Emergency Plan for AIDS Relief is the largest commitment ever by any nation for an international health initiative dedicated to a single disease—a five-year, \$15 billion, multifaceted approach to combating the disease in more than 120 countries around the world.

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Peace Corps

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Country Profile: Haiti

HIV/AIDS in Haiti

HIV Infected: 280,000¹

AIDS Deaths: 24,000¹

AIDS Orphans: Not Available¹

Haiti is the Caribbean country most affected by HIV/AIDS. Heterosexual transmission is the most common transmission vehicle, followed by mother-to-child transmission. Since the beginning of the epidemic, pregnant women visiting antenatal clinics (ANCs) have provided data to track the evolution of the disease. Three surveys of pregnant women presenting for the first time at ANCs have been conducted by, or on behalf of, the Ministry of Health. In 2003, the total number of new AIDS cases was projected to be between 23,714 and 32,853. There are approximately 11,300 HIV-positive women delivering each year, with 3,970 more babies born infected with HIV annually.



U.S. Government Response

The Haitian National HIV/AIDS Strategic Plan, released in 2002, formed a foundation for formulating the national response to HIV/AIDS. The U.S. Government (USG) response includes:

- Building on existing clinic- and community-based health resources, such as strong expertise in HIV clinical care, a successful national tuberculosis control program and a broad array of community-based health programs;
- Building community networks, particularly an extensive network of faith-based organizations, to link persons living with HIV/AIDS to available services and ensure treatment adherence;
- Supporting Centers of Excellence for antiretroviral treatment (ART) to expand capacity for HIV/AIDS care and treatment service provision at targeted public sites in each of the 10 Haitian health departments;
- Expanding a network of satellite connections to the Centers of Excellence to permit instant review of difficult cases;
- Training staff members of health care facilities that provide prenatal, gynecological and maternity care in provision of prevention of mother-to-child HIV transmission services; and
- Enhancing the laboratory network for the clinical sites to support the diagnosis and treatment of HIV and other associated infections.

Recognizing the global HIV/AIDS pandemic as one of the greatest health challenges of our time, President George W. Bush announced the U.S. President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR) in 2003 — the largest international health initiative in history by one nation to address a single disease. Under the leadership of the U.S. Global AIDS Coordinator, USG agencies implement the Emergency Plan, working collaboratively as strong, interagency country teams under the direction of the U.S. Ambassador. These teams capitalize on the expertise of each USG agency and leverage partnerships with host governments, multilateral institutions, nongovernmental organizations and the private sector to implement effective programs for combating HIV/AIDS and ensure efficient use of USG resources.

Haiti is one of 15 focus countries of the Emergency Plan, which collectively represent approximately 50 percent of HIV infections worldwide. Under the Emergency Plan, Haiti received more than \$28 million in Fiscal Year (FY) 2004 and nearly \$51.8 million in FY2005 to support a comprehensive HIV/AIDS prevention, treatment and care program. In FY2006, the United States plans to provide approximately \$55.6 million to support Haiti's fight against HIV/AIDS.

¹ UNAIDS/WHO, Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections, 2004



Emergency Plan Achievements in Haiti to Date

Challenges to Emergency Plan Implementation

Haiti is the poorest country in the Western Hemisphere, with 75 percent of its 8.5 million people living at or below the absolute poverty level. Considerable barriers remain in Haiti in the provision of quality prevention, treatment, and care services that include: a low level of public health services; a lack of clinical capacity to deliver ART; and an unreliable commodities logistics system, which cannot be relied upon to ensure timely drug supplies.

# of individuals reached with community outreach HIV/AIDS prevention programs that promote Abstinence and/or Being Faithful in FY2005 ¹	345,700
# of individuals reached with community outreach HIV/AIDS prevention activities that promote Condoms and related prevention services in FY2005 ¹	266,500
# of USG condoms shipped in Calendar Year 2005	12,105,000
# of pregnant women receiving prevention of mother-to-child HIV transmission (PMTCT) services since the beginning of the Emergency Plan ^{3,4}	87,800
# of pregnant women receiving antiretroviral prophylaxis for PMTCT since the beginning of the Emergency Plan ^{3,5}	1,200
# of individuals receiving counseling and testing (in settings other than PMTCT) in FY2005 ^{3,4}	128,600
# of HIV-infected individuals who received palliative care/basic health care and support in FY2005 ³	38,700
# of Orphans and Vulnerable Children (OVCs) who were served by an OVC program in FY2005 ³	16,600
# of individuals receiving downstream site-specific support for treatment at the end of FY2005 ¹	4,300
# of individuals receiving upstream system strengthening support for treatment at the end of FY2005 ²	0

Note: Numbers may be adjusted as attribution criteria and reporting systems are refined. Numbers above 100 are rounded to nearest 100.

¹ Number of individuals reached through downstream site-specific support includes those receiving services at U.S. Government-supported service delivery sites.
² Number of individuals reached through upstream systems strengthening includes those supported through contributions to national, regional and local activities such as training, laboratory support, monitoring and evaluation, logistics and distribution systems, protocol and curriculum development.
³ Total results combine individuals reached through downstream and upstream support.
⁴ It is possible that some individuals were counseled and tested more than once.
⁵ It is possible that some pregnant women received antiretroviral prophylaxis more than once over the two-year period, e.g. HIV positive women who were pregnant more than once.

Critical Interventions for HIV/AIDS Prevention

- Supported the training, provision of supplies, and expansion of mobile clinics offering counseling and testing services.
- Supported the distribution of food as an added incentive for pregnant women to seek care at antenatal clinics.
- Supported enhanced prevention education for high-risk and vulnerable populations such as youths, disenfranchised adults, and mobile workers.

Critical Interventions for HIV/AIDS Treatment

- Helped to increase the availability of treatment services throughout the country by supporting new clinical sites in underserved areas.
- Supported necessary ancillary services, such as transportation and community health workers, to improve medication adherence.
- Coordinated with other international partners in order to achieve synergy between activities aimed at fighting HIV/AIDS.

Critical Interventions for HIV/AIDS Care

- Employed community health workers to support adherence to medication regimens and to increase monitoring of those receiving assistance.
- Supported efforts that enhanced the availability of services for the diagnosis of infections associated with HIV/AIDS, such as opportunistic infections and tuberculosis.
- Supported the provision of psychosocial support to persons living with HIV/AIDS (PLWHA) through community-based PLWHA support associations and therapeutic counselors.